

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/87565

FILING DATE

APPLICANT(S)

	AS FILED		ADJUSTED		ADJUSTED		CLAIMS
	NO	DEP	NO	DEP	NO	DEP	
1							
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TOTAL NO.	1		1		1		
TOTAL DEP.	14		14		13		
TOTAL CLAIMS	15		15		14		

BEST AVAILABLE COPY